

Michigan Department of Community Health “Plan First!” Family Planning Waiver Summary

Background

On March 1, 2006, the Centers for Medicare and Medicaid Services (CMS) approved Michigan’s submission of a Section 1115 demonstration waiver to provide family planning services to Michigan citizens meeting certain eligibility requirements. The demonstration waiver is approved for five (5) years. This waiver will enable the Michigan Department of Community Health (MDCH) to provide family planning services to women who otherwise would not have medical coverage for these services.

Eligibility

Through this waiver, MDCH will offer eligibility for family planning services to women of childbearing age, 19 through 44 years of age, who are not currently Medicaid eligible, do not have full family planning benefits through private insurance, including Medicare, and who have family income at or below 185 percent of the federal poverty level (FPL). Coverage will be limited to women who reside in Michigan and meet Medicaid citizenship requirements. It is estimated that at least 200,000 women may meet this criteria. Beneficiary applications will be available at local health departments, Title X clinics and will be available on-line at www.michigan/mdch. For more information providers may call 1-800-292-2550.

Covered Services

A woman’s coverage will continue for the duration of the waiver as long as the eligibility criteria are met. Program determinations will be completed annually. Family planning services are defined as any medically approved means, including diagnostic evaluation, pharmaceuticals, and supplies, for voluntarily preventing or delaying pregnancy. There will not be any patient co-pays for family planning services. Services covered under this waiver are:

1. Initial physical exam and health history, including patient education and counseling relating to reproductive health and family planning options;
2. Annual physical examination for reproductive health/family planning purposes, including a pap smear and testing for sexually transmitted infections when indicated;
3. Brief and intermediate follow up office visit related to family planning;
4. Necessary family planning/reproductive health-related laboratory procedures and diagnostic tests;
5. Contraceptive management including drugs and supplies;
6. Insertion, implant or injection of contraceptive drugs or devices;
7. Removal of contraceptive devices;
8. Sterilization services and related laboratory services (as long as a properly completed sterilization consent form has been submitted); and
9. Medications required incidental to or as part of a procedure done for family planning purposes.

The Family Planning service benefit will not include coverage of abortions or treatment of infertility.

Service Delivery System

Professional services related to family planning will be available from and billed to MDCH by family planning clinics, primary care physicians (MDs and DOs) in public and private practice, and other Medicaid approved providers, i.e., Certified Nurse Midwives and Nurse Practitioners. In addition, pharmacies, laboratories and outpatient departments of hospitals are eligible to provide and bill for services, as appropriate, and Federally Qualified Health Centers (FQHC), School-Based/Linked Health Centers, Rural Health Clinics (RHC), Tribal Health Centers and the sub-grantees of the Title X publicly funded family planning agencies (including local health departments, Planned Parenthood clinics and private non-profit family planning agencies) will provide and bill for services as well. Family planning services are and will continue to be available statewide.

Access to Primary Care Services

Should a beneficiary need primary care services beyond what is covered under Plan First!, the provider may either provide the services and work with beneficiary to arrange payment options or they may refer or inform them how to access primary care services at the nearest FQHC or RHC. A list of FQHC's and RHC's will be available on the MDCH website.

Additional Information

- For other information providers may contact the Medicaid provider inquiry line at 1-800-292-2550.
- MDCH's goal is to release the final policy four (4) to six (6) weeks before the effective date. The policy will have its own chapter in the Medicaid Provider Manual.
- A list of codes will be provided on the MDCH Web site in a separate database.

Plan First!
Family Planning Covered Codes

The **Plan First!** family planning program is a limited services benefit which covers office visits, routine laboratory, diagnostic tests and surgical procedures associated with family planning. Initial treatment for Sexually Transmitted Infections (STI) is covered when provided in conjunction with other family planning services. The **Plan First!** family planning program will cover all pharmaceuticals within the therapeutic drug classes appearing in Table 6 as they relate to family planning, initial treatment of STI's and sterilization services.

The Current Procedural Terminology (CPT) codes listed below in Tables 1-4 will only be covered when accompanied by one of the ICD-9-CM diagnosis codes identified in Table 5. All services billed must include an ICD-9-CM diagnosis code in the V25 series on the claim form. Services provided under this waiver are limited to the codes identified in this document.

Covered CPT Codes

Table 1

Evaluation and Management (Office Visit) Codes – codes are covered only if they are provided for a family planning	
CPT Codes	Description
99201	Office/outpatient visit, new
99202	Office/outpatient visit, new
99203	Office/outpatient visit, new
99211	Office/outpatient visit, established
99212	Office/outpatient visit, established
99213	Office/outpatient visit, established
99385	Preventive visit, new, age 18-39
99386	Preventive visit, new, age 40-64
99395	Preventive visit, established 18-39
99396	Preventive visit, established, age 40-64

Table 2

Procedure and Laboratory Codes – codes are covered only if they are provided during an initial, annual or periodic family planning visit	
CPT Codes	Description
11975	Insertion of contraceptive cap
11976	Removal of contraceptive cap
11977	Removal/reinsertion of contraceptive cap
57170	Diaphragm or cervical cap fitting with instructions
58300	Insertion of intrauterine device
58301	Removal of intrauterine device
90782	Therapeutic, prophylactic or diagnostic injection; subcutaneous or intramuscular
80048	Basic Metabolic Panel
80053	Comprehensive Metabolic Panel
80076	Hepatic Function Panel

81000	Urinalysis, non-auto w/scope
81001	Urinalysis, auto w/scope
81002	Urinalysis, non-auto w/o scope
81003	Urinalysis, auto w/o scope
81015	Microscopic exam of urine
81025	Urine pregnancy test
82465	Assay, blood/serum cholesterol
82947	Assay, glucose, blood quantitative
82948	Reagent strip/blood glucose
84703	Chorionic gonadotropin assay
85013	Spun microhematocrit
85014	Hematocrit
85018	Hemoglobin
86592	Syphilis test, qualitative (e.g., VDRL, RPR, ART)
85660	RBC sickle cell test
86689	HTLV or HIV antibody, confirmatory test (e.g., Western Blot)
86701	HIV – 1
86702	HIV – 2
86703	HIV – 1 and HIV – 2 single assay
86781	Antibody; Treponema Pallidum, confirmatory test (e.g., FTA-abs)
87070	Culture, bacterial; any other source except urine, blood or stool, with isolation and presumptive identification of isolates
87075	Culture any source, except blood, anaerobic with isolation and presumptive identification of isolates
87077	Culture aerobic identify
87081	Culture screen only
87110	Culture, chlamydia, any source
87205	Smear, gram stain
87207	Smear, special stain
87210	Smear, wet mount, saline/ink
87270	Chlamydia trachomatis AG IF
87273	Herpes simplex virus type 2
87274	Herpes simplex virus type 1
87340	Hepatitis B surface antigen (HbsAg)
87320	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semi-quantitative, multiple step method; Chlamydia trachomatis
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique
87491	Chlamydia trachomatis, amplified probe technique
87591	Neisseria gonorrhoeae, amplified probe technique
88141	Cytopathology, cervical or vaginal (any reporting system); requiring interpretation by a physician
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision.

88143	Cytopathology, with manual screening and re-screening under physician supervision
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision
88165	Cytopathology, with manual screening and re-screening under physician supervision
88166	Cytopathology, with manual screening and computer assisted re-screening under physician supervision
88167	Cytopathology, manual screening and computer assisted re-screening using cell selection and review under physician supervision

Table 3

Contraceptive Supply Codes	
CPT/HCPCS Codes	Description
A4260	Levonorgestrel (contraceptive) implants system, including implants and supplies
A4266	Diaphragm for contraceptive use
A4267	Contraceptive supply, condom, male
A4268	Contraceptive supply, condom, female
A4269	Contraceptive supply, spermicide (e.g. foam, gel)
J0696	Injection, Ceftriaxone sodium, per 250 mg
J1055	Injection, medroxyprogesterone acetate for contraceptive use, 150 mg
J1056	Injection, medroxyprogesterone acetate/estradiol cypionate, 5 mg/25mg
J7300	Intrauterine copper contraceptive
J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg
J7303	Hormone containing vaginal ring, each
J7304	Hormone containing patch, each
Q0144	Azithromycin dihydrate, oral, capsules/powder, 1 gm
S4989	Contraceptive intrauterine device (e.g. Progestacert IUD), including implants and supplies
S4993	Contraceptive pills for birth control

Table 4

Sterilization Procedure Codes	
CPT Codes	Description
00851	Anesthesia, tubal ligation/transection
58565	Bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants.
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral
58615	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach
58670	Laparoscopy, surgical, with fulguration of oviducts (with or without transection)

58671	Laparoscopy with occlusion of oviducts by device (band, clip or Falope ring)
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ICD-9 CM Codes

Table 5

ICD-9-CM Diagnosis Codes	
ICD-9-CM Codes	Description
V25.01	Prescription of oral contraceptives
V25.02	Initiation of other contraceptive device
V25.03	Encounter for emergency contraceptive counseling and prescription
V25.09	Other counseling and advice for contraceptive management
V25.1	Insertion of Intrauterine Contraceptive
V25.2	Sterilization
V25.3	Menstrual Extraction
V25.40	Contraceptive surveillance, unspecified
V25.41	Contraceptive pill
V25.42	Intrauterine contraceptive device
V25.43	Implantable subdermal contraceptive
V25.49	Other contraceptive method
V25.5	Insertion of implantable subdermal contraceptive
V25.8	Other specified contraceptive management
V25.9	Unspecified contraceptive management

Pharmaceuticals

The waiver will cover all medications in the therapeutic drug classes identified in Table 6.

Table 6

Drug Therapeutic Class
Description
Contraceptives, Non-systemic
Systemic Contraceptives
Tetracyclines
Penicillins
Erythromycins
Streptomycins
Cephalosporins
Trimethoprim
Antivirals
Narcotic Analgesics (for sterilization surgical procedures)
Non-Narcotic Analgesics Narcotic Analgesics (for sterilization surgical procedures)